

Terms Associated with Co-Occurring Disorders*

Co-Occurring Disorders (COD) refers to co-occurring substance use and mental disorders.



Dual Diagnosis is defined as having both mental and developmental disorders.

Remission refers to the absence of distress or impairment due to a substance use or mental disorder.

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life and strive to reach their full potential.

Relapse is the return to active substance use in a person with a diagnosed substance use disorder or the return of disabling psychiatric symptoms after a period of remission related to a nonaddictive mental disorder.

Integrated Screening is the determination of the likelihood that the person has a co-occurring substance use or mental disorder and an in-depth assessment is needed. The purpose is not to diagnose the specific type of disorder but to establish the need for an in-depth assessment.

Integrated Assessment consists of gathering information and engaging in a process with the service recipient that enables the provider to establish the presence or absence of co-occurring disorders. The purpose of an assessment is to establish (or rule out) the existence of a clinical disorder or service need and to work with the service recipient to develop a treatment and service plan.

Integrated Interventions are specific treatment strategies or therapeutic techniques in which all COD diagnoses or symptoms are combined in a single contact or in a series of contacts over time. Acute interventions may establish safety, as well as ongoing efforts to foster recovery.

A Program is a formally organized array of services and interventions provided in a coherent manner at a specific level of care in order to address the needs of a particular target population.

COD Program Types**

Addiction, or Mental Health, Only Services (AOS or MHOS) refer to programs that either by choice or for lack of resources cannot accommodate clients who have co-occurring disorders.

Co-occurring Disorders Capable (CODC) address co-occurring mental and substance use disorders in their policies and procedures, screening, assessment, treatment planning, program content and discharge planning. Even when such programs are primarily geared towards treating substance use or mental disorders, program staff are able to address the interaction between mental and substance use disorders and their effect on the client's readiness to change, as well as relapse and recovery issues, through individual and group program content.

Co-occurring Disorders Enhanced (CODE) provide unified substance use and mental health treatment to clients who are, compared to those treated in CODC programs, more symptomatic and/or functionally impaired as a result of their co-occurring mental disorder. CODE services place their primary focus on the integration of services for mental and substance use disorders in their staffing, services and program content.

STAGES OF CHANGE***

- **Precontemplation** (Not yet acknowledging that there is a problem behavior that needs to be changed).
- **Contemplation** (Acknowledging that there is a problem but not yet ready or sure of wanting to make a change).
- **Preparation** (Getting ready to change).
- **Action** (Changing behavior).
- **Maintenance** (Maintaining the behavior change).
- **Relapse** (Returning to older behaviors and abandoning the new changes) – can occur at any stage.

Source Citation

*Substance Abuse Treatment for Persons With Co-Occurring Disorders, TIP 42 (SAMHSA, 2005).

**ASAM, Patient Placement Criteria (2001)

***Prochaska, J.O., & DiClemente, C.C. (1983)



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